

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 025 \*\*\*\*50.00

DOCUMENT # L96000001084

1. Entity Name  
L.A.M.A. LAND MANAGEMENT, L.C. *DBA*  
*c/o FFRT c/o Father & Son MARTIN*



Principal Place of Business  
13755 OVERSEAS HIGHWAY  
MARATHON, FL 33050

Mailing Address  
12864 BISCAYNE BLVD.  
PMB #330  
N. MIAMI BEACH, FL 33181-2007

2. Principal Place of Business  
*13755 Overseas Hwy*

3. Mailing Address  
*12864 Biscayne Bl*  
Suite, Apt. #, etc. *#330*

City & State  
*MARATHON FL*

City & State  
*N. MIAMI, FL*

Zip  
*33050*

Country  
*Moscow*

Zip  
*33187*

Country  
*U.S.A.*

24080516

08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0880086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAISMAN, SVETLANA  
12864 BYSCAINE BLVD #330  
MIAMI, FL 33187

7. Name and Address of New Registered Agent

Name *VAISMAN SVETLANA*

Street Address (P.O. Box Number is Not Acceptable)  
*Same*

City *FL* Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE *8/12/04*

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAISMAN, SVETLANA 13755 OVERSEAS HIGHWAY MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DBA FFRT Father &amp; Son</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>MARTIN</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAISMAN, DAVID 13755 OVERSEAS HIGHWAY MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAISMAN, MIKE 13864 BYSCAINE BLVD #330 MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE *8/12/04* 305-610-8002

Daytime Phone #